FORM PFS PERSONAL FINANCIAL STATEMENT **COVER SHEET** PAGE 1 PAGE# Filed in accordance with chapter 572 of the Government Code. 25 For filings required in 2019, covering calendar year ending December 31, 2018. ACCOUNT # Use FORM PFS--INSTRUCTION GUIDE when completing this form. 00081605 1 NAME TITLE; FIRST; MI OFFICE USE ONLY The Honorable Nathan M. **ELECTRONICALLY FILED** NICKNAME; LAST; SUFFIX 06/30/2019 Johnson 2 ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP Receipt # HD / PM Amount Date Processed X (CHECK IF FILER'S HOME ADDRESS) **TELEPHONE** AREA CODE PHONE NUMBER; EXTENSION Date Imaged NUMBER REASON FOR FILIING STATEMENT CANDIDATE _____ (INDICATE OFFICE) ELECTED OFFICER Senate District 16 (INDICATE OFFICE) APPOINTED OFFICER ______ (INDICATE AGENCY) EXECUTIVE HEAD _____ (INDICATE AGENCY) FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT STATE PARTY CHAIR ______ (INDICATE PARTY) OTHER _____ _____ (INDICATE POSITION) **5** Family members whose financial activity you are reporting (see instructions). SPOUSE Anne Johnson **DEPENDENT CHILD** In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions). Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.0ef01a4a

SOURCES OF OCCUPATIONAL INCOME PART 1A If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. 1 INFORMATION RELATES TO X FILER SPOUSE DEPENDENT CHILD ___ 2 EMPLOYMENT NAME AND ADDRESS OF EMPLOYER / POSITION HELD X EMPLOYED BY ANOTHER (Check if Filer's Home Address) **EMPLOYER** Spector & Johnson, PLLC ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE 12770 Coit Road Suite 1100 Dallas, TX 75251 **POSITION HELD** Manager/Member NATURE OF OCCUPATION SELF-EMPLOYED INFORMATION RELATES TO ☐ FILER X SPOUSE DEPENDENT CHILD **EMPLOYMENT** NAME AND ADDRESS OF EMPLOYER / POSITION HELD X EMPLOYED BY ANOTHER (Check if Filer's Home Address) **EMPLOYER** Haynes & Boone, LLP ADDRESS / PO BOX; APT / SUITE #; ZIP CODE CITY: STATE: 2323 Victory Avenue Suite 700 Dallas, TX 75219 POSITION HELD Partner NATURE OF OCCUPATION SELF-EMPLOYED

STOCK PART 2 If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report. List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. **BUSINESS ENTITY** NAME Microsoft STOCK HELD OR X FILER SPOUSE DEPENDENT CHILD **ACQUIRED BY** 3 NUMBER OF SHARES X 1,000 TO 4,999 LESS THAN 100 100 TO 499 500 TO 999 LESS THAN 10K 10,000 OR MORE 4 IF SOLD NET GAIN LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000--OR MORE NET LOSS

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more nformation, see FORM PFS-INSTRUCTION GUIDE.

1	MUTUAL FUND	Parnassus Core Equity		NAME	
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHILD)
3	NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	X 100 TO 499 10,000 OR MORE	500 TO 999	1,000 TO 4,999
4	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
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	MUTUAL FUND	Schwab Fundamentals		NAME	
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHILD)
	NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	100 TO 499 10,000 OR MORE	X 500 TO 999	1,000 TO 4,999
	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
		<u> </u>			
E	MUTUAL FUND			NAME	
	MUTUAL FUND	Vanguard Euro Stock		NAME	
	MUTUAL FUND SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	Vanguard Euro Stock X FILER		NAME DEPENDENT CHILE)
	SHARES OF MUTUAL FUND	_	Index		1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF	X FILER LESS THAN 100	X SPOUSE X 100 TO 499	DEPENDENT CHILD	
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS	X FILER LESS THAN 100 5,000 to 9,999	X SPOUSE X 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS MUTUAL FUND	X FILER LESS THAN 100 5,000 to 9,999	X SPOUSE X 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILE	1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS	X FILER LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000	X SPOUSE X 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	1,000 TO 4,999 \$25,000OR MORE
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS MUTUAL FUND SHARES OF MUTUAL FUND	X FILER LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000 American FD Fundame	X SPOUSE X 100 TO 499 10,000 OR MORE \$5,000 - \$9,999 ental	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	1,000 TO 4,999 \$25,000OR MORE
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS MUTUAL FUND SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF	X FILER LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000 American FD Fundame X FILER LESS THAN 100	X SPOUSE X 100 TO 499 10,000 OR MORE 55,000 - \$9,999 ental X SPOUSE X 100 TO 499 100 TO 490 100	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999 NAME DEPENDENT CHILD	1,000 TO 4,999 \$25,000OR MORE

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1	MUTUAL FUND	American FD Growth	ſ	NAME	
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHILD)
3	NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	X 100 TO 499 10,000 OR MORE	☐ 500 TO 999	1,000 TO 4,999
4	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
	MUTUAL FUND	American FD New Per		NAME	
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHILD)
	NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	X 100 TO 499 10,000 OR MORE	☐ 500 TO 999	1,000 TO 4,999
	IF SOLD ☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
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F	MUTUAL FUND			NAME	
	MUTUAL FUND	American FD Small Ca		NAME	
	MUTUAL FUND SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	American FD Small Ca		NAME DEPENDENT CHILE)
	SHARES OF MUTUAL FUND		ар		1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF	X FILER LESS THAN 100	SPOUSE X 100 TO 499	DEPENDENT CHILD	
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN	X FILER LESS THAN 100 5,000 to 9,999	X 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD	1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS	X FILER LESS THAN 100 5,000 to 9,999	SPOUSE SPOUSE	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS	X FILER LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000	SPOUSE SPOUSE	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	1,000 TO 4,999 \$25,000OR MORE
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS MUTUAL FUND SHARES OF MUTUAL FUND	X FILER LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000 Loomis Sayles Core P	SPOUSE X 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	1,000 TO 4,999 \$25,000OR MORE
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS MUTUAL FUND SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF	X FILER LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000 Loomis Sayles Core P FILER LESS THAN 100	SPOUSE	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999 NAME DEPENDENT CHILD	1,000 TO 4,999 \$25,000OR MORE

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List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more nformation, see FORM PFS-INSTRUCTION GUIDE.

		NAME	
PIMCO Total Return I	, 	V	
FILER	X SPOUSE	DEPENDENT CHILD)
X LESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999
5,000 to 9,999	10,000 OR MORE		
X LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
Vanguard Target Rtmr		NAME	
FILER	X SPOUSE	DEPENDENT CHILD)
LESS THAN 100	100 TO 499	500 TO 999	X 1,000 TO 4,999
5,000 to 9,999	10,000 OR MORE		
X LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
	<u> </u>	NAME	
Vanguard Mid Cap Ind	ex Inst'l		
FILER	X SPOUSE	DEPENDENT CHILD)
LESS THAN 100	X 100 TO 499	500 TO 999	1,000 TO 4,999
5,000 to 9,999	10,000 OR MORE		
LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
Mass Mutual Mid Cp G	<u> </u>	\$10,000 - \$24,999 NAME	\$25,000OR MORE
	<u> </u>		
Mass Mutual Mid Cp G	Sr Eq	NAME	
Mass Mutual Mid Cp G	Sr Eq X SPOUSE	NAME DEPENDENT CHILD)
	FILER X LESS THAN 100 5,000 to 9,999 X LESS THAN \$5,000 Vanguard Target Rtmr FILER LESS THAN 100 5,000 to 9,999 X LESS THAN \$5,000 Vanguard Mid Cap Ind FILER LESS THAN 100	PIMCO Total Return I X SPOUSE FILER X SPOUSE X LESS THAN 100 100 TO 499 5,000 to 9,999 10,000 OR MORE X LESS THAN \$5,000 \$5,000 - \$9,999 Vanguard Target Rtmnt 2040-Inv FILER X SPOUSE LESS THAN 100 100 TO 499 5,000 to 9,999 10,000 OR MORE X LESS THAN \$5,000 \$5,000 - \$9,999 Vanguard Mid Cap Index Inst'I FILER X SPOUSE LESS THAN 100 X 100 TO 499	☐ FILER X SPOUSE ☐ DEPENDENT CHILD X LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 5,000 to 9,999 ☐ 10,000 OR MORE X LESS THAN \$5,000 ☐ \$5,000 - \$9,999 ☐ \$10,000 - \$24,999 NAME Vanguard Target Rtmnt 2040-Inv ☐ FILER X SPOUSE ☐ DEPENDENT CHILD ☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 5,000 to 9,999 ☐ 10,000 OR MORE X LESS THAN \$5,000 ☐ \$5,000 - \$9,999 ☐ \$10,000 - \$24,999 NAME Vanguard Mid Cap Index Inst'I ☐ DEPENDENT CHILD ☐ LESS THAN 100 X SPOUSE ☐ DEPENDENT CHILD ☐ LESS THAN 100 X 100 TO 499 ☐ 500 TO 999

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1	MUTUAL FUND)	Vanguard Mid Can Ind		NAME	
_	SHARES OF M	NITUAL ELIND	Vanguard Mid Cap Ind	ex Aum		
	HELD OR ACQ	UIRED BY	FILER	X SPOUSE	DEPENDENT CHILD)
3	NUMBER OF S MUTUAL FUND		LESS THAN 100	X 100 TO 499	500 TO 999	1,000 TO 4,999
			5,000 to 9,999	10,000 OR MORE		
4	IF SOLD	NET GAIN X NET LOSS	X LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
	MUTUAL FUND)			NAME	
			Victory Sycamore Est	Val-R6		
	SHARES OF M HELD OR ACQ		FILER	X SPOUSE	DEPENDENT CHILD)
	NUMBER OF S MUTUAL FUND		LESS THAN 100	100 TO 499	500 TO 999	X 1,000 TO 4,999
			5,000 to 9,999	10,000 OR MORE		
	IF SOLD	X NET GAIN NET LOSS	X LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
F	MUTUAL FUNE	,			NIANAE	
	MUTUAL FUNI	O	Conestoga Small Cap-		NAME	
	MUTUAL FUND SHARES OF M HELD OR ACQ	IUTUAL FUND	Conestoga Small Cap-		NAME DEPENDENT CHILD)
	SHARES OF M	MUTUAL FUND QUIRED BY SHARES OF		Inst		1,000 TO 4,999
	SHARES OF M HELD OR ACQ NUMBER OF S	MUTUAL FUND QUIRED BY SHARES OF	FILER	Inst X SPOUSE	DEPENDENT CHILD	
	SHARES OF M HELD OR ACQ NUMBER OF S	MUTUAL FUND QUIRED BY SHARES OF	FILER LESS THAN 100	X SPOUSE X 100 TO 499	DEPENDENT CHILD	
	SHARES OF M HELD OR ACQ NUMBER OF S MUTUAL FUND	SHARES OF D X NET GAIN NET LOSS	FILER LESS THAN 100 5,000 to 9,999	X SPOUSE X 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILE	1,000 TO 4,999
	SHARES OF M HELD OR ACQ NUMBER OF S MUTUAL FUNI	SHARES OF D X NET GAIN NET LOSS	FILER LESS THAN 100 5,000 to 9,999	X SPOUSE X 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	1,000 TO 4,999
	SHARES OF M HELD OR ACQ NUMBER OF S MUTUAL FUNI	INTUAL FUND OUIRED BY SHARES OF D X NET GAIN NET LOSS	FILER LESS THAN 100 5,000 to 9,999 X LESS THAN \$5,000	X SPOUSE X 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	1,000 TO 4,999 \$25,000OR MORE
	SHARES OF M HELD OR ACQ NUMBER OF S MUTUAL FUND IF SOLD MUTUAL FUND SHARES OF M	INTUAL FUND DUIRED BY SHARES OF INTUAL FUND DUIRED BY SHARES OF	FILER LESS THAN 100 5,000 to 9,999 X LESS THAN \$5,000 Causeway Internationa	X SPOUSE X 100 TO 499 10,000 OR MORE \$5,000 - \$9,999 10 Value 10	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	1,000 TO 4,999 \$25,000OR MORE
	SHARES OF M HELD OR ACQ NUMBER OF S MUTUAL FUND IF SOLD MUTUAL FUND SHARES OF M HELD OR ACQ NUMBER OF S	INTUAL FUND DUIRED BY SHARES OF INTUAL FUND DUIRED BY SHARES OF	FILER LESS THAN 100 5,000 to 9,999 X LESS THAN \$5,000 Causeway Internationa FILER	X SPOUSE X 100 TO 499 10,000 OR MORE \$5,000 - \$9,999 10 Value X SPOUSE X	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999 NAME DEPENDENT CHILD	1,000 TO 4,999 \$25,000OR MORE
	SHARES OF M HELD OR ACQ NUMBER OF S MUTUAL FUND IF SOLD MUTUAL FUND SHARES OF M HELD OR ACQ NUMBER OF S	INTUAL FUND DUIRED BY SHARES OF INTUAL FUND DUIRED BY SHARES OF	☐ FILER ☐ LESS THAN 100 ☐ 5,000 to 9,999 ☐ X LESS THAN \$5,000 Causeway Internationa ☐ FILER ☐ LESS THAN 100	X SPOUSE X 100 TO 499 10,000 OR MORE \$5,000 - \$9,999 10 X SPOUSE 100 TO 499 100 TO 490 100 TO 490	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999 NAME DEPENDENT CHILD	1,000 TO 4,999 \$25,000OR MORE

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1	MUTUAL FUND)	American Funds Euro		NAME	
2	SHARES OF M HELD OR ACQ		FILER	X SPOUSE	DEPENDENT CHILD)
3	NUMBER OF S MUTUAL FUND		LESS THAN 100 5,000 to 9,999	100 TO 499 10,000 OR MORE	☐ 500 TO 999	X 1,000 TO 4,999
4	IF SOLD	NET GAIN X NET LOSS	X LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
	MUTUAL FUNE)	Fidelity Intl Index Prem		NAME	
	SHARES OF M HELD OR ACQ		FILER	X SPOUSE	DEPENDENT CHILD)
	NUMBER OF S MUTUAL FUND		LESS THAN 100	100 TO 499 10,000 OR MORE	X 500 TO 999	1,000 TO 4,999
	IF SOLD	X NET GAIN NET LOSS	X LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
	MUTUAL FUNE)			NAME	
	MUTUAL FUNE)	Dodge & Cox Stock	,	NAME	
	MUTUAL FUNE SHARES OF M HELD OR ACQ	IUTUAL FUND	Dodge & Cox Stock	X SPOUSE	NAME DEPENDENT CHILD)
	SHARES OF M	UTUAL FUND DUIRED BY SHARES OF				1,000 TO 4,999
	SHARES OF M HELD OR ACQ NUMBER OF S	UTUAL FUND DUIRED BY SHARES OF	FILER LESS THAN 100	X SPOUSE X 100 TO 499	DEPENDENT CHILD	
	SHARES OF M HELD OR ACQ NUMBER OF S MUTUAL FUND	HUTUAL FUND BUIRED BY SHARES OF D NET GAIN NET LOSS	FILER LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000	X SPOUSE X 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD	1,000 TO 4,999
	SHARES OF M HELD OR ACQ NUMBER OF S MUTUAL FUND IF SOLD	IUTUAL FUND BUIRED BY SHARES OF NET GAIN NET LOSS	FILER LESS THAN 100 5,000 to 9,999	X SPOUSE X 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	1,000 TO 4,999 \$25,000OR MORE
	SHARES OF M HELD OR ACQ NUMBER OF S MUTUAL FUND IF SOLD MUTUAL FUND SHARES OF M	IUTUAL FUND PUIRED BY SHARES OF NET GAIN NET LOSS DUTUAL FUND PUIRED BY SHARES OF	FILER LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000 Vanguard Target Rtmt	X SPOUSE X 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	1,000 TO 4,999 \$25,000OR MORE
	SHARES OF M HELD OR ACQ NUMBER OF S MUTUAL FUND IF SOLD MUTUAL FUND SHARES OF M HELD OR ACQ NUMBER OF S	IUTUAL FUND PUIRED BY SHARES OF NET GAIN NET LOSS DUTUAL FUND PUIRED BY SHARES OF	FILER LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000 Vanguard Target Rtmt FILER LESS THAN 100	X SPOUSE X 100 TO 499	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999 NAME DEPENDENT CHILD	1,000 TO 4,999 \$25,000OR MORE

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1	MUTUAL FUND	Vanguard Balanced In		NAME	
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	X SPOUSE	DEPENDENT CHILD)
3	NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	100 TO 499 10,000 OR MORE	500 TO 999	X 1,000 TO 4,999
4	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
F					
	MUTUAL FUND	American Funds Grow		NAME	
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	X SPOUSE	DEPENDENT CHILD)
	NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	100 TO 499 10,000 OR MORE	500 TO 999	X 1,000 TO 4,999
	IF SOLD NET GAIN X NET LOSS	X LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
F	ANITUM FUND			1445	
	MUTUAL FUND	Vanguard Small Cap I		NAME	
	MUTUAL FUND SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	Vanguard Small Cap I		NAME DEPENDENT CHILD)
	SHARES OF MUTUAL FUND		ndex Adm		1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF	FILER LESS THAN 100	x SPOUSE	DEPENDENT CHILD	
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN X NET LOSS	FILER LESS THAN 100 5,000 to 9,999	ndex Adm X SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD X 500 TO 999 \$10,000 - \$24,999	1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN X NET LOSS MUTUAL FUND	FILER LESS THAN 100 5,000 to 9,999	X SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD X 500 TO 999	1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN X NET LOSS	FILER LESS THAN 100 5,000 to 9,999 X LESS THAN \$5,000	X SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD X 500 TO 999 \$10,000 - \$24,999	1,000 TO 4,999 \$25,000OR MORE
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS MUTUAL FUND SHARES OF MUTUAL FUND	FILER LESS THAN 100 5,000 to 9,999 X LESS THAN \$5,000 Vanguard Institutional	X SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999 Index 10,000	DEPENDENT CHILD X 500 TO 999 \$10,000 - \$24,999	1,000 TO 4,999 \$25,000OR MORE
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS MUTUAL FUND SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF	FILER LESS THAN 100 5,000 to 9,999 X LESS THAN \$5,000 Vanguard Institutional FILER LESS THAN 100	X SPOUSE 100 TO 499 10,000 OR MORE 55,000 - \$9,999 Index X SPOUSE X 100 TO 499 100 TO 490 1	DEPENDENT CHILD X 500 TO 999 \$10,000 - \$24,999 NAME DEPENDENT CHILD	1,000 TO 4,999 \$25,000OR MORE

MUTUAL FUNDS PART 4 If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report. List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more nformation, see FORM PFS--INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. MUTUAL FUND NAME Vanguard Small Cap Index I SHARES OF MUTUAL FUND X SPOUSE HELD OR ACQUIRED BY FILER DEPENDENT CHILD NUMBER OF SHARES OF MUTUAL FUND LESS THAN 100 100 TO 499 500 TO 999 X 1,000 TO 4,999 5,000 to 9,999 10,000 OR MORE 4 IF SOLD NET GAIN LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000--OR MORE NET LOSS

PART 5

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

List each source of income you, your spouse, or a dependent child received in excess of \$500 that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

1 SOURCE OF INCOME	NAME AND ADDRESS
X Publicly held corporation	Microsoft ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
2 RECEIVED BY	X FILER X SPOUSE DEPENDENT CHILD
3 AMOUNT	X \$500 - \$4,999
SOURCE OF INCOME	NAME AND ADDRESS
X Publicly held corporation	Schwab Fundamental U.S. ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
RECEIVED BY	X FILER SPOUSE DEPENDENT CHILD
AMOUNT	X \$500 - \$4,999
SOURCE OF INCOME	NAME AND ADDRESS
SOURCE OF INCOME X Publicly held corporation	NAME AND ADDRESS American Fund Growth ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
X Publicly held corporation	American Fund Growth
	American Fund Growth
X Publicly held corporation	American Fund Growth ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
X Publicly held corporation RECEIVED BY	American Fund Growth ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE X FILER SPOUSE DEPENDENT CHILD
RECEIVED BY AMOUNT SOURCE OF INCOME	American Fund Growth
RECEIVED BY AMOUNT SOURCE OF INCOME X Publicly held corporation	American Fund Growth ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE X FILER

PART 5

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

List each source of income you, your spouse, or a dependent child received in excess of \$500 that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

1 SOURCE OF INCOME	NAME AND ADDRESS American Fund New
X Publicly held corporation	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
2 RECEIVED BY	X FILER SPOUSE DEPENDENT CHILD
3 AMOUNT	X \$500 - \$4,999
SOURCE OF INCOME	NAME AND ADDRESS
X Publicly held corporation	Dodge & Cox Stock ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
RECEIVED BY	FILER X SPOUSE DEPENDENT CHILD
AMOUNT	X \$500 - \$4,999
SOURCE OF INCOME	NAME AND ADDRESS
SOURCE OF INCOME	NAME AND ADDRESS EuroPacific Growth ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
SOURCE OF INCOME X Publicly held corporation	
X Publicly held corporation	EuroPacific Growth
_	EuroPacific Growth
X Publicly held corporation	EuroPacific Growth ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
X Publicly held corporation RECEIVED BY AMOUNT	EuroPacific Growth ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE FILER X SPOUSE DEPENDENT CHILD
X Publicly held corporation RECEIVED BY	EuroPacific Growth ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE FILER X SPOUSE DEPENDENT CHILD SECTION X \$500 - \$4,999 \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000OR MORE
X Publicly held corporation RECEIVED BY AMOUNT	EuroPacific Growth ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE FILER X SPOUSE DEPENDENT CHILD
X Publicly held corporation RECEIVED BY AMOUNT SOURCE OF INCOME	EuroPacific Growth
X Publicly held corporation RECEIVED BY AMOUNT SOURCE OF INCOME	EuroPacific Growth
X Publicly held corporation RECEIVED BY AMOUNT SOURCE OF INCOME X Publicly held corporation	EuroPacific Growth ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE FILER

PART 5

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

List each source of income you, your spouse, or a dependent child received in excess of \$500 that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

1 SOURCE OF INCOME	NAME AND ADDRESS
X Publicly held corporation	Causeway Intl Value ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
2 RECEIVED BY	FILER X SPOUSE DEPENDENT CHILD
3 AMOUNT	X \$500 - \$4,999
SOURCE OF INCOME X Publicly held corporation	NAME AND ADDRESS American Fund Growth America R5 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
RECEIVED BY	FILER X SPOUSE DEPENDENT CHILD
AMOUNT	X \$500 - \$4,999
SOLIDCE OF INCOME	NAME AND ADDDESS
SOURCE OF INCOME X Publicly held corporation	NAME AND ADDRESS Pimco Total Return I ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
	Pimco Total Return I
	Pimco Total Return I
X Publicly held corporation	Pimco Total Return I ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
X Publicly held corporation RECEIVED BY	Pimco Total Return I ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE Filer X SPOUSE DEPENDENT CHILD DEP
RECEIVED BY AMOUNT SOURCE OF INCOME	Pimco Total Return I ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE FILER X SPOUSE DEPENDENT CHILD
RECEIVED BY AMOUNT SOURCE OF INCOME X Publicly held corporation	Pimco Total Return I ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE FILER X SPOUSE DEPENDENT CHILD X \$500 - \$4,999 \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000OR MORE NAME AND ADDRESS Vanguard Int'l Index ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

PART 5

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

List each source of income you, your spouse, or a dependent child received in excess of \$500 that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

	INSTRUCTION GUIDE.				
	When reporting information abou which the child is listed on the Co	t a dependent child's activit over Sheet.	ty, indicate the child about v	whom you are reporting by p	roviding the number under
1	SOURCE OF INCOME		NAME /	AND ADDRESS	
		Vanguard Target Re	tirment 2040_inv		
	X Publicly held corporation	ADDRESS A	PO BOX; APT / SUITE	#; CITY; STATE	; ZIP CODE
	_				
2	RECEIVED BY				
		FILER	X SPOUSE	DEPENDENT CHILI	D
_	AMOUNT				
3	AMOUNT	X \$500 - \$4,999	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
		<u> </u>	<u> </u>	<u> </u>	_
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PERSONAL NOTES AND LEASE AGREEMENTS

PART 6

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE.

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Toyota Financial Ser	vices (Car Note)		
2 LIABILITY OF	X FILER	X SPOUSE	DEPENDENT CHIL	D
3 GUARANTOR	NONE			
4 AMOUNT	\$1,000 - \$4,999	\$5,000 - \$9,999	\$10,000 - \$24,999	X \$25,000OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	US Bank Vehicle Loa	an		
LIABILITY OF	X FILER	X SPOUSE	DEPENDENT CHIL	D
GUARANTOR	NONE			
AMOUNT	\$1,000 - \$4,999	\$5,000 - \$9,999	X \$10,000 - \$24,999	\$25,000OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Ford Motor Credit Co).		
LIABILITY OF	FILER	X SPOUSE	DEPENDENT CHIL	D
GUARANTOR	NONE			
AMOUNT	\$1,000 - \$4,999	\$5,000 - \$9,999	X \$10,000 - \$24,999	\$25,000OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Citibank Mortgage Ir	IC.		
LIABILITY OF	X FILER	X SPOUSE	DEPENDENT CHIL	D
GUARANTOR	Johnson, Nathan			
AMOUNT	\$1,000 - \$4,999	\$5,000 - \$9,999	\$10,000 - \$24,999	X \$25,000OR MORE
		-		-

PERSONAL NOTES AND LEASE AGREEMENTS

PART 6

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE.

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Volvo Financial			
IABILITY OF	X FILER	SPOUSE	DEPENDENT CHILI	D
GUARANTOR	NONE			
AMOUNT	\$1,000 - \$4,999	\$5,000 - \$9,999	X \$10,000 - \$24,999	\$25,000OR MORE

INTERESTS IN REAL PROPERTY

PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information abou which the child is listed on the Co	out a dependent child's activity, indicate the child about whom you are reporting by providing the number under Cover Sheet.		
1 HELD OR ACQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHILD
2 STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS		STREET ADDRESS, INCLU	DING CITY, COUNTY, AND STATE
3 DESCRIPTION	NUM 1.00000 lots	BER OF LOTS OR ACRES A	ND NAME OF COUNTY WHERE LOCATED
X LOTS ACRES	Dallas		
4 NAMES OF PERSONS RETAINING AN INTEREST X NOT APPLICABLE (SEVERED MINERAL INTEREST)			
5 IF SOLD NET GAIN NET LOSS	LESS THAN \$5	,000 \$5,000 - \$9,999	\$10,000 - \$24,999 \$25,000OR MORE

INTEREST IN BUSINESS ENTITIES

PART 7B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

	Cover Sheet.			
1 HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD	_
2 DESCRIPTION	Spector & Johnson, Pl 12770 Coit Road Suite 1100 Dallas, TX 75251	(Check if I	ND ADDRESS Filer's Home Address)	
3 IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999 \$25,000OF	R MORE
HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD	_
DESCRIPTION	Nathan M Johnson, P. 12770 Coit Road Suite 1100 Dallas, TX 75251	(Check if I	ND ADDRESS Filer's Home Address)	
IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999 \$25,000OF	R MORE
HELD OR ACQUIRED BY				
	FILER	X SPOUSE	DEPENDENT CHILD	_
DESCRIPTION	Haynes & Boone, LLP 2323 Victory Avenue Suite 700 Dallas, TX 75219	NAME A	DEPENDENT CHILD ND ADDRESS filer's Home Address)	_
	Haynes & Boone, LLP 2323 Victory Avenue Suite 700	NAME A	ND ADDRESS	 R MORE

OWNERSHIP OF BUSINESS ASSOCIATIONS

PART 11A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Describe each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 5 percent or more of the outstanding ownership. For more information, see FORM PFS--INSTRUCTION GUIDE.

the child is listed on the Cover s	oneet.
1 BUSINESS ASSOCIATION	NAME AND ADDRESS (Check If Filer's Home Address) Nathan M Johnson PC 12770 Coit Road Suite 1100
2 BUSINESS TYPE	Dallas, TX 75251 Corporation Limited Partnership Profesional Association Limited Liability Partnership Dallas, TX 75251 Profesional Association Cother Other
3 HELD, ACQUIRED, OR SOLD BY	X FILER SPOUSE DEPENDENT CHILD
1 BUSINESS ASSOCIATION	NAME AND ADDRESS (Check If Filer's Home Address) Haynes and Boone, LLP 2323 Victory Avenue Suite 700 Dallas, TX 75219
2 BUSINESS TYPE	Corporation Limited Partnership Profesional Association Firm X Limited Liability Partnership Joint Venture Partnership Professional Corporation Other
3 HELD, ACQUIRED, OR SOLD BY	FILER X SPOUSE DEPENDENT CHILD
1 BUSINESS ASSOCIATION	NAME AND ADDRESS (Check If Filer's Home Address) Spector & Johnson, PLLC 12770 Coit Road, Suite 1100 Dallas, TX 75251
2 BUSINESS TYPE	Corporation Limited Partnership Profesional Association Firm Limited Liability Partnership Joint Venture Partnership X Professional Corporation Other
3 HELD, ACQUIRED, OR SOLD BY	X FILER SPOUSE DEPENDENT CHILD

BOARDS AND EXECUTIVE POSITIONS

PART 12

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which

the child is listed on the Cover Sheet.				
1 ORGANIZATION	Family Gateway			
2 POSITION HELD	Member			
3 POSITION HELD BY	FILER	X SPOUSE	DEPENDENT CHILD	

INTEREST IN BUSINESS IN COMMON WITH LOBBYIST **PART 14** If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report. Identify each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association, other than a publicly-held corporation, in which you, your spouse, or a dependent child, and a person registered as a lobbyist under chapter 305 of the Government Code that both have an interest. For more information, see FORM PFS--INSTRUCTION GUIDE. NAME AND ADDRESS 1 BUSINESS ENTITY Haynes & Boone, LLP 2323 Victory Ave Suite 700 Dallas, TX 75219 2 INTEREST HELD BY X SPOUSE FILER DEPENDENT CHILD

PERSONAL FINANCIAL STATEMENT

PARTS MARKED "NOT APPLICABLE" BY FILER

FORM PFS
COVER SHEET
PAGE 2

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. If you place a check in a box, do NOT include pages for that Part in the report.

6	PAR	TS NOT APPLICABLE TO FILER
		N/A Part 1A - Sources of Occupational Income
	Χ	N/A Part 1B - Retainers
		N/A Part 2 - Stock
	Χ	N/A Part 3 - Bonds, Notes & Other Commercial Paper
		N/A Part 4 - Mutual Funds
		N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
		N/A Part 6 - Personal Notes and Lease Agreements
		N/A Part 7A - Interests in Real Property
		N/A Part 7B - Interests in Business Entities
	Χ	N/A Part 8 - Gifts
	Χ	N/A Part 9 - Trust Income
	Χ	N/A Part 10A - Blind Trusts
	X	N/A Part 10B - Trustee Statement
		N/A Part 11A - Business Associations
	X	N/A Part 11B - Assets of Business Associations
	Χ	N/A Part 11C - Liabilities of Business Associations
		N/A Part 12 - Boards and Executive Positions
	Χ	N/A Part 13 - Expenses Accepted Under Honorarium Exception
		N/A Part 14 - Interest in Business in Common with Lobbyist
	Χ	N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
	Χ	N/A Part 16 - Representation by Legislator Before State Agency
	Χ	N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
	Χ	N/A Part 18 - Legislative Continuances
	X	N/A Part 19 - Contracts with Governmental Entity
	Χ	N/A Part 20 - Bond Counsel Services Provided by a Legislator

he law requires the personal financial statement to be ve	rified. Without proper verification, the statement is not conside	ered filed.
The verification page on a personal statement filed electrondividual required to file the personal financial statement.	nically with the Texas Ethics Commission must have the elec	tronic signature of the
The verification page on a personal financial statement file of the individual required to file the personal financial state person authorized by law to administer oaths and affirmation	ed with an authority other than the Texas Ethics Commission rement as wells as the signature and stamp or seal of office of ons.	nust have the signatu a notary public or othe
	I swear, or affirm, under penalty of perjury, that this fi covers calendar year ending December 31, 2018, an and includes all information required to be reported b 572 of the Government Code.	nd is true and correct
	The Honorable Nathan M. Joh	nson
	Signature of Filer	13011
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said	, this the	day
of, 20, to certify which,	witness my hand and seal of office.	
Signature of officer administering oath Printe	ed name of officer administering oath Title of offic	er administering oath

TEXT ANNOTATION	
	Sch: 1/2 Rpt: 24/25
FILER NAME	Filer ID (Ethics Commission Filers)
Johnson, Nathan M. (The Honorable)	00081605
Schedule PFSPART5	
Information entered by filer as a memo:	
Mutual funds reported in this financial statement as owned by my spouse, Anne Johnson, access to dividend amounts for these funds.	are contained within her 401k. I do not have

TEXT ANNOTATION	
	Sch: 2/2 Rpt: 25/25
FILER NAME Johnson, Nathan M. (The Honorable)	Filer ID (Ethics Commission Filers) 00081605
Schedule PFSPART12	
Information entered by filer as a memo:	
Nonprofit. Chair position ceased 12/31/2017	